

Mail Completed Application To:  
Department of Charitable Gaming  
101 North 14th Street, 17th Floor,  
James Monroe Building  
Richmond, Virginia 23219-3684



**FORM 402**  
**BINGO MANAGER CERTIFICATE OF**  
**REGISTRATION APPLICATION**

**COMMONWEALTH OF VIRGINIA**  
**DEPARTMENT OF CHARITABLE GAMING**

101 North 14TH Street, 17th Floor, James Monroe Building, Richmond, VA 23219-3684  
www.dcg.virginia.gov

**CHARITABLE GAMING BINGO MANAGER CERTIFICATE OF REGISTRATION APPLICATION**

- A. Use this application when applying for a new, or renewing a current Bingo Manager Certificate of Registration.  
B. Complete the entire application. Do not leave any blanks.  
C. Place "N/A" if item is not applicable. **Please type or print all answers.**  
D. Sign and date the application.  
E. Enclose a **non-refundable** \$75.00 application fee payable to: **Treasurer of Virginia.**  
F. Retain a copy of the completed application for your records.  
G. For questions, comments, and/or concerns please contact the licensing unit at (804) 225-4509.

**APPLICANT INFORMATION**

Applicant Type:	New _____	Renewal _____	Certificate No.: BMR - _____
Bingo Manager's Full Name:	_____ First Middle Last / Suffix		
Social Security Number:	_____	Date of Birth:	_____
Personal Identification:	Male _____	Female _____	Race: _____
Current Residence:	_____ Physical Street Address		
	City _____	State _____	Zip Code _____
Mailing Address: (If same as above, check here _____)	_____ Mailing Address		
	City _____	State _____	Zip Code _____
Contact Information:	Daytime Telephone No.: _____	( ) _____	
	Secondary Telephone No.: _____	( ) _____	
	Email Address*: _____		

\* If you provide the Department with an email address, that will be the method the Department will use to contact you. That is also how you will receive your Certificate of Registration. Please make sure to check your email on a regular basis, including your junk folder and spam folder. If possible, please add to your list of acceptable email addresses all email addresses that end in @dcg.virginia.gov. If you are not comfortable using email as a reliable method of communication, please do not include an email address in this application.

**ORGANIZATION INFORMATION**

List the Department of Charitable Gaming Number (if known), organization name, and bona fide membership date for ALL organizations from which you anticipate receiving payment for your services as a bingo manager.

a.	DCG No.: _____	Organization Name: _____
	Membership Date (Month/Date/Year): _____	
	Have you been a bona fide member in good standing for the past 12 consecutive months? Yes _____ No _____	
b.	DCG No.: _____	Organization Name: _____
	Membership Date (Month/Date/Year): _____	
	Have you been a bona fide member in good standing for the past 12 consecutive months? Yes _____ No _____	



### STATUTORY COMPLIANCE

Have you been convicted of or pleaded nolo contendere to a felony in any state or federal court or have you been convicted of any offense which, if committed in the Commonwealth, would be a felony? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you been convicted of or pleaded nolo contendere to a crime involving gambling? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you had any license, permit, certificate, or other authority related to activities defined as charitable gaming in the Commonwealth suspended or revoked in the Commonwealth or in any other jurisdiction? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you failed to file or been delinquent in excess of one year in the filing of any tax returns or the payment of any taxes due the Commonwealth? Yes \_\_\_\_\_ No \_\_\_\_\_

### SIGNATURE

I hereby certify that all information provided in this application is true to the best of my knowledge, information, and belief. I have not knowingly made a false statement on this application, and I have read and understand the terms and conditions as set out under the Charitable Gaming Statute and the Charitable Gaming Rules and Regulations. I understand that false or misleading answers are cause for the denial of this Bingo Manager Certificate of Registration Application. I, the undersigned, do hereby authorize and give my consent to the Department of Charitable Gaming to conduct an investigation to ensure that my application meets the requirements of Section 18.2-340.34:1. of the Charitable Gaming Statute. I understand additional information may be requested of me in regard to this investigation.

I understand and agree to notify the Department of Charitable Gaming - Licensing Unit if any information changes after the submission of this application.

I also agree that I will abide by the Charitable Gaming Statute, the Charitable Gaming Rules and Regulations, and any and all laws and regulations of the Commonwealth of Virginia.

Print Full Legal Name: \_\_\_\_\_  
First Middle Last/Suffix

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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